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ABSTRACT

A study compared the attitudes of a group of about 60 elderly rest home residents and about 120 members of two different clubs for older adults in New Zealand. The five 1-hour discussions that were held with the adults indicated a consistent difference between the opinions expressed by the rest home clients and those of the club members, all of whom lived in the independent living arrangements. The rest home residents, who were generally older, were more careful not to "rock the boat," whereas the club members were more likely to be outspoken and critical. It also became evident that many physically independent rest home residents had become psychologically dependent on the institution and its staff and had consequently narrowed their expectations and activities to the point where they no longer shopped for themselves and rarely ventured outside the rest home grounds. In both groups it was disability rather than chronological age that appeared to be the major factor precipitating a change in self-image. The club members were generally more receptive to meeting new people and having new experiences, and they tended to have more concerns about the way in which elderly individuals are treated and accepted by shop assistants and civil servants. Both groups believed that their diminishing capacity to learn new skills was the major barrier to lifelong education; however, the club members did not entirely dismiss further learning as the rest home residents tended to do. (MN)

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THE NORTHLAND SEMINAR:

A REPORT

by

W.F. Parkes

WORKING PAPER #7

January 1986

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PREAMBLE

AGEING AND EDUCATION WORKING PARTY

The Ageing and Education Working Party set up by the National Council of Adult Education

1. Affirms that the capacity and need for learning occurs throughout life
2. endorses the right of all people to have access to learning
3. affirms that it is in interests of society that elderly should have such opportunities
4. recognises the importance of the continued participation of the elderly in all aspects of society and the value of the contribution that they make.

It notes that these issues are closely linked to the attitudes of society to ageing and the elderly.

Task

The Working Party sees its task as promoting the development of a national policy on education for the elderly and about ageing. To this end it seeks to enhance access to learning opportunities and to ensure that all age groups adopt positive attitudes and actions to each other and to their own ageing.

Objectives

On attitudes and ageing to:

1. identify discrimination, prejudices and myths about ageing (ageism)
2. encourage and assist the development of programmes to raise consciousness on ageing and assist attitude change
3. identify barriers to the participation of older people in society - and to make appropriate recommendations
4. promote education programmes on life changes, transitions and preparation for retirement
5. promote recognition of the contribution of older people to society both to other elderly and to younger people

On learning opportunities

6. to promote the development of learning opportunities for older people which will involve them in decision making, develop social action skills and advocacy roles, with consideration for cultural differences, geographical difference, individual physical and social disability.

On training for those who work with and care for elderly people:

7. to examine the training needs of people who work with, live with and care for elderly people and to make appropriate recommendations.

On realising above objectives to:

8. investigate and secure funding for the administration of the Ageing and Education Working Party and its projects.
9. develop a clearinghouse and information network on ageing and education
10. liaise as appropriate with other organisations
11. examine and promote strategies for the implementation of the Ageing and Education Working Party's objectives by appropriate bodies (existing or to be established) including Government departments
12. establish a monitoring system:
    (a) short term (2 year research programme)
    (b) for a five year period

For further information NCAE, P.O. Box 12-114, Wellington North

INTRODUCTION

Early in 1985, the Ageing and Education Working Party agreed to convene several seminars around New Zealand specifically to:

1. Raise consciousness on ageing and life-long learning;
2. Identify discrimination, prejudices and myths about the elderly;
3. Seek the views of the elderly on a range of issues, including barriers to their participation in society; and,
4. Promote recognition of the contribution of older people to society.

In March 1985, the first of these seminars was held in Palmerston North, and Working Paper #1 reports on this. Three further seminars took place during 1985: in Rotorua, Northland and Gore.

This Working Paper reports on the outcomes of the seminar in Northland.

November 1985

REPORT ON THE NORTHLAND STUDY INTO THE RELATIONSHIP BETWEEN EDUCATION AND AGE AND AGEING.

In Northland we attempted to take out questions and discussion to the elderly rather than expect them to come to us. In this way we hoped to avoid the "natural selection" that excludes the disabled and "rest-home bound" participants.

Five, one hour discussion periods were held involving about 60 rest home residents and about 120 members from two "Old Folks Clubs". A hui held in the Far North to discuss ageing from a Maori perspective was also held and is reported on separately.

It was soon apparent that there was a consistent difference between the opinions expressed by rest-home clients and the opinions expressed by independent living members of Old Folks Clubs. The former were careful not to rock the boat and the latter were much more inclined to be outspoken and critical. The residents in the rest-homes were on average older than the average age of club members but both groups had a liberal smattering of over 80 year olds and in both groups these older people were actively taking part. It was sad to realise that many physically independent residents in rest-homes had become psychologically dependent on the institution and its staff and as a consequence had narrowed their expectations and activities so that they no longer shopped for themselves and rarely ventured outside the grounds.

The discussions were recorded on sound tape and these proved very valuable in reviewing the meetings - our written notes lacked the emphasis speakers gave and the audience response received but all this flowed back when the tapes were replayed.

Attitudes of Aged Towards the Young.

Rest-home residents appreciated the occasional visits from schools and Scouts/Guides but only rarely had contact with teenagers. Their views seemed to reflect their relationships with their own sons, daughters and grand children.

There was agreement that unemployment was a burden on todays young adults and nobody suggested that todays problems were less than the 1930's conditions. Rest-home people were not interested in meeting teenagers (though they enjoyed visits by well disciplined school children). Old Folks Clubs however expressed the wish to learn more of teenage life.

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At one of the encounters with an Old Folks Club a member gave an impassioned plea for the restoration of corporal punishment expressing the belief that the law now prohibited parents from striking their children. His call for the more frequent spanking of children drew a sustained round of applause from the 60 or so present at the meeting!

Attitudes to their own Ageing.

80 year old Europeans born in New Zealand observed that in the settlements in which they grew up old people were extremely rare. In those days the oldest people around were their parents. To others "being old was something that happened to others". Some very elderly participants recalled the days when the first born daughter became "second mother" to subsequent children and the last born daughter was discouraged from marriage and encouraged to stay home to care for her parents.

"I may look old but I do not feel old" was a common summation of their attitudes. Nobody commented that as they aged they felt better about themselves as the Maori group did. The onset of arthritis and strokes however did alter self image dramatically. Disability was the issue rather than chronological age. Ageing became a reality when disability intervened and not before. No one was afraid to die but they all agreed to a fear of dementia.

Problems of Acceptance by Shop Assistants and Civil Servants.

Many speakers commented on changed attitudes to them as they aged. The rest-home group spoke glowingly of the attitudes of local shopkeepers but when pressed, very few indeed actually went shopping and then only to a few local shops where they were known. The Old Folks Club members however raised several examples of altered attitudes - these people shopped all over town and were self sufficient. They complained that shop assistants knew little about the stock in the shop - that they served younger people in preference to the aged - that they spoke too quickly and mumbled and that prices were hard to read. There were no chairs to sit down on and supermarkets were too large and involved too much walking.

Government Forms were hard to read - asked too many confusing questions - different colours made text hard to read and there was too little space for answers to be written. Insurance forms had their sting in the "small print" at the bottom and this was a source of worry. It was interesting that rest-home residents received visits from officers of Government Departments to help with forms and in one home one resident had become the local "trouble shooter" to whom the residents turned to for assistance and advice.

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Attitudes of Doctors, Nurses and Hospital Personnel.

Again the rest-home group were loud in universal praise of everyone with only minor criticism of doctors but the Old Folks Clubs voiced stronger criticism of General Practitioners - fees too high, did not explain enough to the patient, impatient with them, great difficulty about night visits by doctors (rest-homes offer security in sickness at night). No speaker criticised life as a hosptial inpatient though some voiced concern about outpatient waiting time.

Preparation for Retirement.

Nobody said that their retirement had been a disaster but some problems surfaced. The failure to anticipate future levels of inflation caused many to run short of funds when they had believed they had sufficient "put away". Farmers found it hard to leave the land and some refused to leave it. Some women found having a husband "underfoot all day" was more than they bargained for and there was a general concensus that one "needed an interest" - should be involved in "charitable work" - the need to be "useful to others", echoing the values of their time.

Attitudes to Continued Learning and Barriers to this.

All groups believed that their capacity to learn new skills and information had greatly diminished over the years and they saw this as their major barrier to further "education". Some claimed they were "too old and too lazy - would sooner play cards". Rest-home people dismissed further learning experiences but Old Folks Club members sited languages, chess, current affairs, gardening, and craft and art as areas of interest.

Other barriers to their involvement were identified as "eyesight, transport and rheumatism", and "old folk are brightest in the morning" summed it up. Evening classes were "not on". Correspondence learning was one suggestion that received audience support while the cost of materials, courses and equipment was raised as a barrier.

Upon Reflection.

At a personal level I found the five encounters very interesting and replaying the tapes was a very useful exercise in recapturing emphasis that is missing in written notes.

The most striking impression was the marked difference in outlook between rest-home clients and Old Folks Club members. It could be argued that in choosing to enter a rest-home a person abdicates some of the determination to remain independent and fully active - ie. that this is a form of natural selection leaving the more determined to go it alone.

However, over the years, I have seen many people enter rest-homes with a determination to "keep in touch" and watched them fail in that determination within six months. Without an independent means of transport the boundaries of the home become the boundaries of the world. An exception to this is a 90+, ex-ballet dancer, who walks for miles visiting friends and pursuing business interests.

There is an expectation that concert parties and other entertainments will be brought to residents rather than transport residents to community based entertainment.

Rest-home staff observed that when a minibus trip to the beach is offered the more recent residents are keen to participate but the "old hands" require considerable persuasion to join in or flatly refuse to go out.

Communal living encourages "learned tolerance" and imposes conformity and the right to individual expression is the price one paid. Can an education programme for rest-home staff attempt to balance the extremes of total conformity and the retention of individual identity?

One point that was repeated at each meeting was the observation that the physical changes of ageing made no difference to the way they felt as individuals - "only my body has aged, I am still the same person inside". Another repeated observation was that as they aged their capacity to learn had decreased so presumably, they had experienced changes - or thought they had. My comment that ageing did not significantly diminish learning capacity was not accepted by any group. Education could focus on this "you cannot teach an old dog new tricks" syndrome as it certainly is a primary obstacle to any programme for continuing education.

Other obstacles sited were transport and time of day. One speaker suggested that Community Colleges could consider using correspondence courses combined with occasional all day sessions to overcome transport difficulties followed by bringing the group together for concentrated teach ins.

The effect of physical ageing on self image was interesting. The Maori folk were unanimous that their self image increased as ageing proceeded while the non-Maori elderly claimed that it did not change either up or down. No one would agree that their self image fell as they aged. It could be that any negative feelings experienced in their middle age are now forgotten, or it could be that such negative attitudes are more typical of todays middle aged and that that is due to the influence of mass media. This phenomenon, as a powerful social influence, was not very active during the early adult life of our present elderly but from the late 40's to the late 70's youth and being young was the image cultivated because

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it was the image that sold goods. Today we are seeing the first programmes where an elderly person holds centre stage in a positive role. Should education be used to seek out "ageist exploitation" in the way that we now identify sexist and racial exploitation.

The rest home clients had no criticism of the medical profession apart from one speaker who commented unfavourably on the cost of GP services. As a group they held to the "everyone loves us" view. The Old Folks Club members however were openly critical especially of the failure of doctors to explain illnesses and to give time for questions. They were also unhappy about fees and the lack of home visits by some general practitioners. Education of all doctors on the needs and expectations of their elderly patients seems to be appropriate but this should be based on a detailed survey of this issue first.

The filling in of official forms was another area where universal concern was expressed and at first I tended to shrug it off. However it cropped up as a significant issue at each encounter and one elderly lady described very graphically her sense of panic when faced with the task of coping with a form for whatever purpose. Small print and small spaces for the reply seemed to be the primary problem while language used was the next stumbling block. One must remember that the vocabulary of officialdom has expanded greatly in the past 20 years and in any family one family member (usually the husband) took command of such a duty. The death of such a person leaves the surviving spouse totally unprepared for this task (many of todays widows cannot manage a cheque book).

Education of all government departments in this matter could help considerably and the provision of an officer who assists in this task would be an important contribution, not only to the elderly but to the thousands of adult illiterates that struggle daily with the language of officialdom.

Finally, an observation where education is the only tool that is appropriate. All groups expressed deep displeasure with the word "geriatric".

If we are to be consistent, our elderly people are saying "I am still me no matter what my age is" - yet we ignore this observation and apply the insulting term "geriatric" at an arbitary age.

We cannot "treat them as people irrespective of age" and at the same time allow the use of this term to go unchallenged.

Many elderly people defend themselves against this word by pointing out that they are able, independent people and not geriatric at all - implying that this word only applies to disabled elderly people.

In the final analysis our elderly population breaks down to those capable of living an independent normal life and those who through disability need different degrees of support and assistance - the able and disabled elderly.

Could we begin a movement to replace the word geriatric with "disabled elderly" and let the able elderly get on with the business of living as able people.

W F Parkes
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